Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

|  | ox 202501<br>na, MT 59620                                    | -2501   |  |   | school Year<br>e to School                     | 2004- 2005<br>Clerk June 1   |  |  |
|--|--|---|--|---|--|--|--|--|
| Elementary District Re   | sponsible for Re   | eimbursing the C                                    | Contract                                       |   | (  | County   |  | Legal Entity   |
| High School or K-12 D  | strict Responsit   | ole for Reimburs                                    | sing the Cont                                  | tract   | (  | County   |  | Legal Entity   |
| Hardin H S   |  |   |  |   | i  | Big Horn   |  | 1189   |
| Is this contract share □ yes □ no  | ed between el  | ementary and  | high school                                    | ol?   |  |  |  |  |
| Are you applying for (If yes, please attack  | n explanation)   | 1   | □ No   |   | Stude  | nt Name  | School   | Grade  |
| rates for special circum increased rates, individurustees of the district, Public Instruction. (10.) | nstances of isola<br>lual circumstand<br>the county trans    | ition of residences must be revi<br>sportation comm | e. In order to<br>sewed and applittee, and the | o receive oproved by the                          | Stude  | nt Name  | School   | Grade  |
| Check here only if incre<br>District Trustees and the  |  |   |  | proved by the                                     | Stude  | nt Name  | School   | Grade  |
| Elem District Approval   |  | Initi<br>□ no                                       | als  |   | Stude  | nt Name  | School   | Grade  |
| HS District Approval<br>County Approval  | ,  | □ no<br>□ no  |  |   |  | CONTRACT IS FO   | DR:  |  |
| Parent or Guardian   | Name: (Pleas   | e Print)  |  |   |  | s 1-12<br>Semester Only  | □ 2nd Semester Only  | y □ Both Semesters   |
| Nannette J. Pen  | nington  |   |  |   | Pre-kii  | ndergarten/Kinder  | garten   |  |
| Physical Address (s  | treet address  | only):  |  |   | □ 1st  | Semester Only  | □ 2nd Semester Only  | y   Both Semesters   |
| Distance from home<br>Elementary <b>0</b> Distance from home<br>Elementary <b>0</b>                  | HS <b>43</b>   |   | ,  |   | Kinde by this To or to To or to Kinde To or to | rgarten child ride s contract: from Bus Stop from School rgarten child ride from Bus Stop              | times per day,<br>times per day, _<br>es <u>without</u> other scho<br>times per day, | days per week days per week days per week ol-age students: days per week days per week days per week |
| □ Contract is for or   | , ,  |   |  |   |  |  | times per day, _   | days per week  |
| Students in Each Grade Le  | evel - Only include  | the students to be                                  | covered by thi                                 | is contract.                                      | <u>Deac</u><br>PARE                            | dlines:<br>NTS: Due to Sch   | ool Clerk June 1.  |  |
|  | Pre-K<br>Total   | K<br>Total  | 1-8<br>Total                                   | 9-12<br>Total                                     |  |  |  | y 1, retain a copy for your  |
| Regular Trans  Spec. Ed. Trans   |  |   |  |   | COUN   |  | IDENTS: Send origina   | I to OPI by July 10, retain a  |
| ·  |  |   |  |   | сору   | or your files.   | IMPLIDEEMENT D   | ),TE   |
| Room & Board  Correspondence   |  |   |  |   |  |  | IMBURSEMENT RA   |  |
| Reg.<br>Contingency  |  |   |  |   |  | Reimb  | ursement rate is detern  | nined by   |
| Spec. Ed. Contin.  |  |   |  |   |  |  | 20-10-142, MCA.  |  |
|  | /s:<br>Insport or provide                                    | ransportation for t                                 | he student(s) to                               | o and from the school                             | ter referred to                                | school district (district (s).  as the District(s).  e days when school is in e reported on the contra | session. The parent or guard   | ian assures that a licensed and  |
| In March and June, transported for the     The payment shall   | the District shall p<br>past semester.<br>be computed on the | pay the parent the                                  | sum officially a<br>edule establish            | pproved in the application and in Section 20-10-1 | ation upon certificate 42, MCA, and the        | ation by the teacher or p  | rincipal of the school of the nur<br>ring this contract.                             | mber of days the student(s) was  |
| 4. This contract shall Elementary School   |  | Chair, Boar   |  |   | er enroiled in scho                            | ol, whichever occurs firs  | L.   | Date   |
| High School District<br>Hardin H S   |  | Chair, Boar   | d of Truste                                    | es  |  |  |  | Date   |
|  |  | <u> </u>  | I attes  | t that the above i                                | information is                                 | true and correct.  |  |  |
| Signature - Parent or  | Guardian   |   |  |   |  |  | Date   |  |

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

|   | Box 202501<br>na, MT 59620   | )-2501  |  |   | School Year 2004- 2005<br>le to School Clerk June 1  |   |   |
|---|--|---|--|---|--|---|---|
| Elementary District Re  | sponsible for Re   | eimbursing the  | e Contract   |   | County   |   | Legal Entity  |
| High School or K-12 D   | istrict Responsi   | ble for Reimbu  | ursing the Con   | tract   | County   |   | Legal Entity  |
| Hardin H S  |  |   |  |   | Big Horn   |   | 1189  |
| Is this contract shar   | ed between e   | lementary ar  | nd high scho   | ol?   |  |   |   |
| <ul><li>☐ yes</li><li>☐ no</li><li>Are you applying for</li></ul>   | r isolation stat   | us? □ Yes   | □ No   |   | Student Name   | School  | Grade   |
| (If yes, please attac ISOLATION: Section  | h explanation<br>20-10-142, MC   | )<br>A, provides for  | increased rein   | mbursement  | Student Name   | 301001  | Grade   |
| rates for special circun<br>increased rates, individe<br>trustees of the district,<br>Public Instruction. (10.)           | dual circumstand<br>the county trans   | ces must be re<br>sportation com                            | eviewed and ap<br>nmittee, and th  | oproved by the  | Student Name   | School  | Grade   |
| Check here only if incr<br>District Trustees and the  |  | sportation Con  | nmittee.   | proved by the   | Student Name   | School  | Grade   |
| Elem District Approval HS District Approval   |  | ☐ no<br>☐ no  | itials   |   | Student Name   | School  | Grade   |
| County Approval   | □ yes  | □ no  |  |   | THIS CONTRACT IS F   | FOR:  |   |
| Parent or Guardian  | •  | se Print)   |  |   | ☐ 1st Semester Only  | ☐ 2nd Semester Onl  | y   Both Semesters  |
| Vera Jane HeDo  |  | only):  |  |   | Pre-kindergarten/Kinde   | ergarten  2nd Semester Onl  | y □ Both Semesters  |
| ,   |  | · ,,  |  |   | KINDERGARTEN/PRI   |   | y   Both Semesters  |
| Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for o Students in Each Grade Le | HS <b>50</b> e to nearest bu HS <b>13</b> ne-way only  | us stop, if an  | y (one way)  | is contract.  9-12 Total  | by this contract: To or from Bus Stop To or from School Kindergarten child rie To or from Bus Stop To or from School  Deadlines: PARENTS: Due to Sci   | times per day,times per day,times per day,times per day,times per day,times per day,thool Clerk June 1.               | days per week days per week days per week days per week col-age students: days per week days per week days per week y 1, retain a copy for your |
| Regular Trans   |  |   |  |   |  | ENDENTS: Send origina   | al to OPI by July 10, retain a  |
| Spec. Ed. Trans   |  |   |  |   | copy for your files.   |   |   |
| Room & Board  Correspondence  |  |   |  |   |  | REIMBURSEMENT RA<br>strict, county and OPI  |   |
| Reg.<br>Contingency   |  |   |  |   | Reim   | bursement rate is deterr  | nined by  |
| Spec. Ed. Contin.   |  |   |  |   |  | 20-10-142, MCA.   |   |
| Agreement betweer   | n parent (pare   | nt name)  |  |   | •  | ,   |   |
| insured driver will t 2. In March and June transported for the 3. The payment shall                                       | ansport or provide<br>ransport the stude<br>, the District shall past semester.<br>be computed on to | nts. Mileage cor<br>pay the parent the<br>he basis of the s | r the student(s) to<br>ntracts are valid of<br>e sum officially a<br>chedule establish | o and from the school only when transportation on the application of the application of the section 20-10-1 | ter referred to as the District(s<br>or bus stop on the days when school is<br>on for the distance reported on the cont<br>ation upon certification by the teacher or<br>42, MCA, and the information accompa<br>er enrolled in school, whichever occurs for | in session. The parent or guard<br>ract actually occurs.<br>principal of the school of the nu<br>nying this contract. |   |
| Elementary School   |  |   | ard of Truste  |   |  |   | Date  |
| High School District  |  | Chair, Bo   | ard of Truste  | es  |  |   | Date  |
|   |  |   | I attes  | t that the above i  | information is true and correct  |   |   |
| Signature - Parent or   | Guardian   |   |  |   |  | Date  |   |

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

|   | ox 202501<br>na, MT 59620    | -2501             |                      | Di                    | ue to School Cl                                    | erk June 1                     |  |                       |                   |
|---|------------------------------|-------------------|----------------------|-----------------------|--|--------------------------------|--|-----------------------|-------------------|
| Elementary District Res                                 | sponsible for Re             | imbursing the     | Contract             |                       | Cou  | nty                            | <u> </u>   | Legal Entity          |                   |
| Hardin Elem   |                              |                   |                      |                       | Big  | Horn                           |  | 0023                  |                   |
| High School or K-12 Di                                  | istrict Responsit            | ole for Reimbu    | rsing the Conf       | tract                 | Cou  |                                |  | Legal Entity          |                   |
|   |                              |                   |                      |                       |  |                                |  |                       |                   |
| Is this contract share  ☐ yes ☐ no                      | ed between el                | ementary ar       | nd high scho         | ol?                   |  |                                |  |                       |                   |
| Are you applying for                                    |                              |                   | □ No                 |                       | Student N  | Name                           | School   |                       | Grade             |
| (If yes, please attach                                  | 20-10-142, MCA               | , provides for    |                      |                       |  |                                |  |                       |                   |
| rates for special circum increased rates, individ       | lual circumstand             | es must be re     | viewed and a         | oproved by the        | Student N  | lame                           | School   |                       | Grade             |
| trustees of the district,<br>Public Instruction. (10.7) |                              |                   |                      | е Опісе от            |  |                                |  |                       |                   |
| Check here only if incre<br>District Trustees and th    |                              |                   |                      | proved by the         | Student N  | vame                           | School   |                       | Grade             |
| Elem District Approval                                  | •                            |                   | itials               |                       | Student N  | Name                           | School   |                       | Grade             |
| HS District Approval County Approval                    | □ yes □                      | no                |                      |                       | THIS CO  | NTRACT IS FO                   | DR:  |                       |                   |
| Parent or Guardian                                      |                              |                   |                      |                       | Grades 1   |                                | 2nd Semester Only                                | v □ Both Se           | amesters          |
| Candace Edwar   | ds                           |                   |                      |                       |  | •                              | •  | y Bourec              | incoloro          |
| Physical Address (st                                    |                              | only):            |                      |                       |  | ergarten/Kinder<br>mester Only | garten   | y 🗆 Both Se           | mesters           |
|   |                              |                   |                      |                       |  |                                | KINDERGARTEN:                                    |                       |                   |
| Distance from home                                      | to nearest so                | hool (one wa      | ay)                  |                       | Kinderga<br>by this c                              |                                | es <u>with</u> other school-a                    | age students a        | lso covered       |
| Elementary 31   | HS <b>0</b>                  |                   |                      |                       | To or fror   | n Bus Stop                     | times per day, _                                 | day                   | s per week        |
| Distance from home<br>Elementary <b>5</b>               | to nearest bu<br>HS <b>0</b> | is stop, if an    | y (one way)          |                       | Kinderga<br>To or fror                             | arten child riden Bus Stop     | times per day, _ es <u>without</u> other scho    | ol-age studen<br>day  | ts:<br>s per week |
| □ Contract is for or                                    | ne-way only                  |                   |                      |                       | To or fror   | n School                       | times per day, _                                 | day                   | s per week        |
| Students in Each Grade Le                               | evel - Only include          | the students to I | be covered by th     | is contract.          | <u>Deadlir</u>                                     |                                | ool Clerk June 1.                                |                       |                   |
|   | Pre-K<br>Total               | K<br>Total        | 1-8<br>Total         | 9-12<br>Total         | CLERKS   |                                | I to County Supt by July                         | y 1, retain a co      | py for your       |
| Regular Trans   |                              |                   |                      |                       | files.   |                                |  |                       |                   |
| Spec. Ed. Trans   |                              |                   |                      |                       | COUNTY<br>copy for y                               |                                | IDENTS: Send origina                             | ıl to OPI by Jul      | y 10, retain a    |
| Room & Board  |                              |                   |                      |                       |  | RE                             | EIMBURSEMENT RA                                  | ATE                   |                   |
| Correspondence  |                              |                   |                      |                       |  | (For dist                      | rict, county and OPI                             | use only)             |                   |
| Reg.  |                              |                   |                      |                       |  | <del>_</del>                   |  | <u> </u>              |                   |
| Contingency   |                              |                   |                      |                       |  | Reimb                          | ursement rate is detern<br>20-10-142, MCA.       | nined by              |                   |
| Spec. Ed. Contin.                                       |                              |                   |                      |                       |  |                                |  |                       |                   |
|   |                              |                   |                      |                       |  |                                |  |                       |                   |
| Agreement between                                       | ı parent (pareı              | nt name)          |                      |                       | , and sch  | ool district (dist             | rict name)                                       |                       | ,                 |
| (county name)<br>The parties agree as follow            |                              |                   |                      | County, hereina       | fter referred to as                                | the District(s).               |  |                       |                   |
| insured driver will tr                                  | ransport the studer          | nts. Mileage cor  | ntracts are valid of | only when transportat | ion for the distance rep                           | orted on the contra            | session. The parent or guard ct actually occurs. |                       |                   |
| transported for the                                     | past semester.               |                   |                      |                       | ation upon certification<br>142, MCA, and the info |                                | rincipal of the school of the nur                | niber of days the stu | iuent(s) was      |
|   | terminate at the er          | d of the school   |                      | student(s) is no long | er enrolled in school, v                           |                                |  | Date                  |                   |
| Hardin Elem   |                              | ,                 |                      |                       |  |                                |  |                       |                   |
| High School District                                    |                              | Chair, Boa        | ard of Truste        | <del>८</del> ७        |  |                                |  | Date                  |                   |
|   |                              |                   | l attes              | t that the above      | information is tru                                 | e and correct.                 |  |                       |                   |
| Signature - Parent or                                   | Guardian                     |                   |                      |                       |  |                                | Date   |                       |                   |

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

|  | ox 202501<br>ıa, MT 59620         | -2501                                 |   | Di   | ue to School                                 | Clerk June 1  |  |                       |              |
|--|-----------------------------------|---------------------------------------|---|--|--|---|--|-----------------------|--------------|
| Elementary District Res  | sponsible for Re                  | imbursing the                         | Contract                                  |  | C  | County  |  | Legal Entity          |              |
| Hardin Elem  |                                   |                                       |   |  | E  | Big Horn  |  | 0023                  |              |
| High School or K-12 Dis  | strict Responsib                  | le for Reimbu                         | rsing the Cont                            | ract   |  | County  |  | Legal Entity          |              |
|  |                                   |                                       |   |  |  |   |  |                       |              |
| Is this contract share  ☐ yes ☐ no   | ed between el                     | ementary an                           | d high school                             | ol?  |  |   |  |                       |              |
| Are you applying for (If yes, please attach                                      | n explanation)                    |                                       | □ No                                      |  | Studer                                       | nt Name   | School   |                       | Grade        |
| <b>ISOLATION:</b> Section 2 rates for special circum increased rates, individual | stances of isola                  | tion of resider                       | nce. In order to                          | o receive  | Studer                                       | nt Name   | School   |                       | Grade        |
| trustees of the district, t<br>Public Instruction. (10.7                         | the county trans                  | portation com                         | mittee, and the                           |  | Otrada                                       | 4.51  | Ochool   |                       | Ozada        |
| Check here only if incre<br>District Trustees and th                             | eased payment of the County Trans | portation Com                         | mittee.                                   | proved by the                                    | Studer                                       | nt Name   | School   |                       | Grade        |
| Elem District Approval<br>HS District Approval                                   |                                   | Ini<br>□ no<br>□ no                   | tials                                     |  |  | nt Name   | School   |                       | Grade        |
| County Approval  |                                   | no                                    |   |  | THIS C<br>Grade:                             | CONTRACT IS FO<br>s 1-12  | <u>)R:</u>   |                       |              |
| Parent or Guardian I   | Name: (Pleas                      | e Print)                              |   |  |  | Semester Only   | □ 2nd Semester Only  | y □ Both Se           | mesters      |
| Karmae Walborr<br>Physical Address (st   |                                   | only):                                |   |  |  | ndergarten/Kinderg<br>Semester Only   | garten  2nd Semester Only  | y □ Both Se           | emesters     |
|  |                                   |                                       |   |  | KINDE  | RGARTEN/PRE   | (INDERGARTEN:  |                       |              |
| Distance from home<br>Elementary <b>45</b>                                       | to nearest sc<br>HS 0             | hool (one wa                          | ay)                                       |  | Kinder<br>by this<br>To or f                 | rgarten child ride<br>s contract:<br>rom Bus Stop   | times per day,times per day,   | days                  | s per week   |
| Distance from home Elementary 10   | to nearest bu<br>HS <b>0</b>      | s stop, if any                        | y (one way)                               |  | Kinde  | rgarten child ride  | es <u>without</u> other school<br>times per day, _<br>times per day, _ | ol-age student        | ts:          |
| □ Contract is for or   | ne-way only                       |                                       |   |  | 10 or t                                      | rom School  | times per day, _   | days                  | s per week   |
| Students in Each Grade Le  | evel - Only include               | the students to b                     | e covered by thi                          | is contract.                                     |  | Ilines:<br>NTS: Due to Scho   | aal Clark Juna 1   |                       |              |
|  | Pre-K<br>Total                    | K<br>Total                            | 1-8<br>Total                              | 9-12<br>Total                                    | CLERI  |   | to County Supt by July   | / 1, retain a coլ     | py for your  |
| Regular Trans  |                                   |                                       |   |  | files.                                       |   |  |                       |              |
| Spec. Ed. Trans  |                                   |                                       |   |  |  | <b>COUNTY SUPERINTENDENTS:</b> Send original to OPI by July 10, retain a copy for your files. |  |                       |              |
| Room & Board   |                                   |                                       |   |  |  |   | IMBURSEMENT RA   |                       |              |
| Correspondence   |                                   |                                       |   |  |  | (For dist   | rict, county and OPI   | use only)             |              |
| Reg.<br>Contingency  |                                   |                                       |   |  |  | Reimbu  | ursement rate is determ  | nined by              |              |
| Spec. Ed. Contin.  |                                   |                                       |   |  |  |   | 20-10-142, MCA.  |                       |              |
|  |                                   | 1                                     |   |  |  |   |  |                       |              |
| Agreement between  | parent (parer                     | nt name)                              |   | · · · · · · · · · · · · · · · · · · ·            | , and s                                      | chool district (distr   | rict name)   |                       | ,            |
| (county name)  |                                   |                                       | (   | County, hereinat                                 | fter referred to                             | as the District(s).   |  |                       |              |
|  | nsport or provide t               |                                       |   |  |  |   | session. The parent or guardi  | ian assures that a li | censed and   |
| <ol><li>In March and June,</li></ol>   | the District shall p              | its. Mileage con<br>ay the parent the | tracts are valid of<br>e sum officially a | only when transportati<br>pproved in the applica | ion for the distance<br>ation upon certifica | reported on the contraction by the teacher or pr  | ct actually occurs.<br>rincipal of the school of the nun               | nber of days the stu  | ıdent(s) was |
|  | be computed on th                 |                                       |   |  |  | information accompany<br>ol, whichever occurs firs  |  |                       |              |
| Elementary School [  |                                   |                                       | ard of Truste                             |  |  | ,   | <u>-</u>   | Date                  |              |
| Hardin Elem High School District   |                                   | Chair, Boa                            | ard of Truste                             | es   |  |   |  | Date                  |              |
|  |                                   | <u> </u>                              | Lattes                                    | t that the above                                 | information is                               | true and correct.   |  |                       |              |
| Signature - Parent or  | Guardian                          |                                       | . 41.00                                   |  |  | 22 2 2311001.   | Date   |                       |              |
|  |                                   |                                       |   |  |  |   |  |                       |              |

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| Helena, MT 59620   | -2501  | Due t  | to School Clerk June 1   |   |                               |  |  |
|--|--|--|--|---|-------------------------------|--|--|
| Elementary District Responsible for Re   | imbursing the Contract   |  | County   |   | Legal Entity                  |  |  |
| Hardin Elem  |  |  | Big Horn   |   | 0023                          |  |  |
| High School or K-12 District Responsit   | ole for Reimbursing the Cont   | tract  | County   |   | Legal Entity                  |  |  |
|  |  |  |  |   |                               |  |  |
| Is this contract shared between el □ yes □ no  | ementary and high school   | ol?  | <u> </u>   |   |                               |  |  |
| Are you applying for isolation state   |  |  | Student Name   | School                                  | Grade                         |  |  |
| (If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA   | A, provides for increased reir   | mbursement   |  | 3333.                                   | 0.440                         |  |  |
| rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov   | es must be reviewed and apportation committee, and the   | oproved by the   | Student Name   | School                                  | Grade                         |  |  |
| Check here only if increased payment District Trustees and the County Trans  | due to isolation has been ap   | pproved by the   | Student Name   | School                                  | Grade                         |  |  |
| Elem District Approval   | Initials no  |  | Student Name   | School                                  | Grade                         |  |  |
|  | no   |  | THIS CONTRACT IS FOR: Grades 1-12  |   |                               |  |  |
| Parent or Guardian Name: (Pleas  | e Print)   |  | ☐ 1st Semester Only ☐ 2  | 2nd Semester Only                       | □ Both Semesters              |  |  |
| Luzenia Big Man Physical Address (street address   | only):   |  | Pre-kindergarten/Kindergarte   |   | □ Both Semesters              |  |  |
| Distance from home to nearest school (one way) Elementary 0  HS 0  Distance from home to nearest subus stop, if any (one way) Elementary 6.5  HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K  K  1-8  9-12 Total  Total  Total  Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency  Spec. Ed. Contin.  Distance from home to nearest subus stop, if any (one way)  HS 0  Kindergarten child rides with outher school-age students also covered by this contract:  To or from Bus Stop  times per day, days per were times per day, days per were times per day, days per were to or from School times per day, days per were times per day.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.  REIMBURSEMENT RATE (For district, county and OPI use only)  Reimbursement rate is determined by |  |  |  |   |                               |  |  |
| insured driver will transport the studer  In March and June, the District shall part transported for the past semester.  The payment shall be computed on the  | ransportation for the student(s) to<br>tts. Mileage contracts are valid c<br>ay the parent the sum officially a<br>the basis of the schedule establish | County, hereinafter of and from the school or bonly when transportation fipproved in the application the dim Section 20-10-142, student(s) is no longer er | , and school district (district nature), and school district (district nature), and school is the days when school is in sessic or the distance reported on the contract actual upon certification by the teacher or principal MCA, and the information accompanying this noticed in school, whichever occurs first. | on. The parent or guardiar ally occurs. | n assures that a licensed and |  |  |
| High School District   | Chair, Board of Truste   | es   |  |   | Date                          |  |  |
|  | l attes  | t that the above info  | ormation is true and correct.  |   |                               |  |  |
| Signature - Parent or Guardian   |  |  | Date   | e                                       |                               |  |  |

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

|  | ia, MT 59620                        | -2501                            |                                    | Dι                     | ie to School Clerk June 1   |   |                                   |  |  |
|--|-------------------------------------|----------------------------------|------------------------------------|------------------------|---|---|-----------------------------------|--|--|
| Elementary District Res  | sponsible for Re                    | eimbursing the                   | Contract                           |                        | County  |   | Legal Entity                      |  |  |
| Hardin Elem  |                                     |                                  |                                    |                        | Big Horn  |   | 0023                              |  |  |
| High School or K-12 Di   | strict Responsit                    | ole for Reimbu                   | irsing the Cont                    | ract                   | County  |   | Legal Entity                      |  |  |
|  |                                     |                                  |                                    |                        |   |   |                                   |  |  |
| Is this contract share  ☐ yes ☐ no   | ed between el                       | ementary ar                      | nd high school                     | ol?                    |   |   |                                   |  |  |
| Are you applying for   |                                     |                                  | □ No                               |                        | Student Name  | School  | Grade                             |  |  |
| (If yes, please attach ISOLATION: Section 2  | n explanation)<br>20-10-142, MCA    | A, provides for                  | increased reir                     | mbursement             |   |   |                                   |  |  |
| rates for special circum<br>increased rates, individ<br>trustees of the district, t<br>Public Instruction. (10.7 | ual circumstand<br>the county trans | ces must be re<br>sportation com | eviewed and ap<br>nmittee, and the | proved by the          | Student Name  | School  | Grade                             |  |  |
| Check here only if incre   | ·                                   | , ,                              | ŕ                                  | inroved by the         | Student Name  | School  | Grade                             |  |  |
| District Trustees and th   |                                     | sportation Con                   |                                    | provou by the          |   |   |                                   |  |  |
| Elem District Approval HS District Approval  |                                     | □ no<br>□ no                     |                                    |                        | Student Name  | School  | Grade                             |  |  |
|  |                                     | no                               |                                    |                        | THIS CONTRACT IS  | FOR:  |                                   |  |  |
| Parent or Guardian I   | Name: (Pleas                        | e Print)                         |                                    |                        | Grades 1-12<br>☐ 1st Semester Only  | □ 2nd Semester Onl                                | y   Both Semesters                |  |  |
| Norman & Donn  | a Pretty Or                         | n Top Sr                         |                                    |                        | Pre-kindergarten/Kind   | ergarten  |                                   |  |  |
| Physical Address (st   | reet address                        | only):                           |                                    |                        |   | ☐ 2nd Semester Onl                                | y   Both Semesters                |  |  |
| Distance from home   | to nearest so                       | thool (one w                     | av)                                |                        |   |   | age students also covered         |  |  |
| Elementary 22  | HS 0                                | inoor (one w                     | ay)                                |                        | by this contract: To or from Bus Stop_  | times per day, _                                  | days per week<br>days per week    |  |  |
| Distance from home Elementary <b>5.5</b>   | to nearest bu                       | ıs stop, if an                   | y (one way)                        |                        | Kindergarten child ri<br>To or from Bus Stop_   | des <u>without</u> other scho<br>times per day, _ | ol-age students:<br>days per week |  |  |
| □ Contract is for or   | ne-way only                         |                                  |                                    |                        | To or from School _   | times per day, _                                  | days per week                     |  |  |
| Students in Each Grade Le  | vel - Only include                  | the students to I                | be covered by thi                  | is contract.           | Deadlines:  | aha al Clarik Ivra 4                              |                                   |  |  |
|  | Pre-K                               | K                                | 1-8                                | 9-12                   | PARENTS: Due to Se  |   |                                   |  |  |
|  | Total                               | Total                            | Total                              | Total                  | CLERKS: Send origin files.  | nal to County Supt by Jul                         | y 1, retain a copy for your       |  |  |
| Regular Trans  |                                     |                                  |                                    |                        | COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retai                        |   |                                   |  |  |
| Spec. Ed. Trans  |                                     |                                  |                                    |                        | copy for your files.  | ENDENTS. Send ongina                              | in to OPI by July 10, letalli a   |  |  |
| Room & Board   |                                     |                                  |                                    |                        | F   | REIMBURSEMENT RA                                  | ATE                               |  |  |
| Correspondence   |                                     |                                  |                                    |                        |   | strict, county and OPI                            |                                   |  |  |
| Reg.   |                                     |                                  |                                    |                        |   |   |                                   |  |  |
| Contingency  |                                     |                                  |                                    |                        | Rein  | nbursement rate is deterr<br>20-10-142, MCA.      | nined by                          |  |  |
| Spec. Ed. Contin.  |                                     |                                  |                                    |                        |   | 20-10-142, IVICA.                                 |                                   |  |  |
|  |                                     |                                  |                                    |                        |   |   |                                   |  |  |
| Agreement between  | parent (parer                       | nt name)                         |                                    |                        | , and school district (di   | strict name)                                      | ,                                 |  |  |
| (county name)  |                                     |                                  |                                    | County hereinal        | fter referred to as the District(   | 2)  |                                   |  |  |
| The parties agree as follow  |                                     | transportation for               |                                    | •                      | or bus stop on the days when school is  | ,   | tian assures that a licensed and  |  |  |
| insured driver will tr   | ansport the studer                  | nts. Mileage cor                 | ntracts are valid o                | only when transportati | on for the distance reported on the con<br>ation upon certification by the teacher of | tract actually occurs.                            |                                   |  |  |
| transported for the  | oast semester.                      |                                  | •                                  |                        | 142, MCA, and the information accomp  |   | mber of days the stadem(s) was    |  |  |
| 4. This contract shall t   | erminate at the er                  | nd of the school                 | year or when the<br>ard of Truste  | student(s) is no longe | er enrolled in school, whichever occurs   | first.  | Date                              |  |  |
| Hardin Elem  |                                     | ,                                |                                    |                        |   |   |                                   |  |  |
| High School District   |                                     | Chair, Boa                       | ard of Truste                      | es                     |   |   | Date                              |  |  |
|  |                                     |                                  | I attes                            | t that the above       | information is true and correc  | t   | ·                                 |  |  |
| Signature - Parent or  | Guardian                            |                                  |                                    |                        |   | Date  |                                   |  |  |

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

|   | na, MT 59620  | IT 59620-2501 Due to School Clerk June 1             |  |                          |  |   |  |  |  |  |  |
|---|---|--|--|--------------------------|--|---|--|--|--|--|--|
| Elementary District Re  | sponsible for Re  | eimbursing the                                       | Contract   |                          | County   |   | Legal Entity   |  |  |  |  |
| Hardin Elem   |   |  |  |                          | Big Horn   |   | 0023   |  |  |  |  |
| High School or K-12 D   | istrict Responsit   | ole for Reimbu                                       | rsing the Cont   | ract                     | County   |   | Legal Entity   |  |  |  |  |
|   |   |  |  |                          |  |   |  |  |  |  |  |
| Is this contract share  □ yes □ no  | ed between el   | ementary ar  | nd high school   | ol?                      | <u> </u>   |   | <u>'</u>   |  |  |  |  |
| Are you applying for  | r isolation stat  | us? 🗆 Yes  | □ No   |                          | Student Name   | School  | Grade  |  |  |  |  |
| (If yes, please attac<br>ISOLATION: Section   | h explanation)  | )<br>A provides for                                  | increased rein   | nhursement               | ]  | 301001  | Glade  |  |  |  |  |
| rates for special circum<br>increased rates, indivic<br>trustees of the district,<br>Public Instruction. (10. | nstances of isola<br>dual circumstand<br>the county trans | ation of resider<br>ces must be re<br>sportation com | nce. In order to<br>eviewed and ap<br>amittee, and the | o receive oproved by the | Student Name   | School  | Grade  |  |  |  |  |
| Check here only if incre  | ·   | , ,  | ,  | proved by the            | Student Name   | School  | Grade  |  |  |  |  |
| District Trustees and the   |   | sportation Con                                       |  | , ,                      | Student Name   | School  | Grade  |  |  |  |  |
| Elem District Approval HS District Approval   |   | □ no<br>□ no   |  |                          |  |   | Graue  |  |  |  |  |
| County Approval   | □ yes   | □ no   |  |                          | THIS CONTRACT IS FO  | <u>DR:</u>  |  |  |  |  |  |
| Parent or Guardian  | Name: (Pleas  | e Print)   |  |                          | ☐ 1st Semester Only  | ☐ 2nd Semester Only                               | y    Both Semesters                                  |  |  |  |  |
| Norman L. Prett   | y On Top J  | lr   |  |                          | Pre-kindergarten/Kinder  | rgarten   |  |  |  |  |  |
| Physical Address (s   | treet address   | only):   |  |                          | ☐ 1st Semester Only  |   | y □ Both Semesters                                   |  |  |  |  |
|   |   |  |  |                          | KINDERGARTEN/PRE   | KINDERGARTEN:                                     |  |  |  |  |  |
| Distance from home Elementary 17  | e to nearest so<br>HS <b>0</b>                            | chool (one wa  | ay)  |                          | by this contract:  |   | ge students also covered days per week days per week |  |  |  |  |
| Distance from home<br>Elementary <b>5.5</b>   | e to nearest bu<br>HS <b>0</b>                            | us stop, if an                                       | y (one way)  |                          | Kindergarten child ride<br>To or from Bus Stop   | es <u>without</u> other schoo<br>times per day, _ | ol-age students:<br>days per week                    |  |  |  |  |
| □ Contract is for o   | ne-way only   |  |  |                          | 10 or from School  | times per day, _                                  | days per week  |  |  |  |  |
| Students in Each Grade Le   | evel - Only include                                       | the students to I                                    | be covered by thi                                      | is contract.             | Deadlines:   | and Clark lives 4                                 |  |  |  |  |  |
|   | Pre-K   | K  | 1-8  | 9-12                     | PARENTS: Due to Sch  | ool Clerk June 1.                                 |  |  |  |  |  |
|   | Total   | Total  | Total  | Total                    | CLERKS: Send origina<br>files.   | I to County Supt by July                          | y 1, retain a copy for your                          |  |  |  |  |
| Regular Trans   |   |  |  |                          |  |   |  |  |  |  |  |
| Spec. Ed. Trans   |   |  |  |                          | <b>COUNTY SUPERINTENDENTS:</b> Send original to OPI by July 10, retain a copy for your files.  |   |  |  |  |  |  |
| Room & Board  |   |  |  |                          |  | EIMBURSEMENT RA                                   |  |  |  |  |  |
| Correspondence  |   |  |  |                          | (For dis   | trict, county and OPI                             | use only)  |  |  |  |  |
| Reg.  |   |  |  |                          |  |   | <del></del>  |  |  |  |  |
| Contingency   |   |  |  |                          | Reimb  | oursement rate is determ<br>20-10-142, MCA.       | nined by   |  |  |  |  |
| Spec. Ed. Contin.   |   |  |  |                          |  | 20 10 112,  |  |  |  |  |  |
|   |   |  |  |                          |  |   |  |  |  |  |  |
| Agreement betweer   | n parent (parei   | nt name)   |  |                          | , and school district (dist  | rict name)  |  |  |  |  |  |
| (county name)   |   |  |  | County horoina           | fter referred to as the District(s)  |   |  |  |  |  |  |
| (county name) The parties agree as follow   |   | transportation fo                                    |  | •                        | ` '  |   | ion accuracy that a licensed and                     |  |  |  |  |
| insured driver will t   | ransport the stude  | nts. Mileage cor                                     | ntracts are valid o                                    | only when transportat    | of or bus stop on the days when school is in the distance reported on the contract of the distance reported on the distan | act actually occurs.                              |  |  |  |  |  |
| transported for the   | past semester.  | •  | •  |                          | eation upon certification by the teacher or p  | ·   | niber of days the student(s) was                     |  |  |  |  |
| <ol><li>This contract shall</li></ol>   | terminate at the er                                       | nd of the school                                     | year or when the                                       | student(s) is no long    | 142, MCA, and the information accompanier enrolled in school, whichever occurs fire  | ying this contract.<br>st.                        | Γ -  |  |  |  |  |
| Elementary School<br>Hardin Elem  | District  | Chair, Boa   | ard of Truste  | es                       |  |   | Date   |  |  |  |  |
| High School District  |   | Chair, Boa   | ard of Truste  | es                       |  |   | Date   |  |  |  |  |
|   |   | <u> </u>   | l attes  | t that the above         | information is true and correct.   |   | <u> </u>   |  |  |  |  |
| Signature - Parent or   | Guardian  |  | i attos  | . That the above         | simatori lo trac ana con cot.  | Date  |  |  |  |  |  |
|   |   |  |  |                          |  | 1   |  |  |  |  |  |

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

|   | 30x 202501<br>na, MT 59620     | -2501  |                  | Du                       | e to School Clerk June 1  |  |  |
|---|--------------------------------|--|------------------|--------------------------|---|--|--|
| Elementary District Re  | sponsible for Re               | eimbursing the                               | Contract         |                          | County  |  | Legal Entity                                 |
| Hardin Elem   |                                |  |                  |                          | Big Horn  |  | 0023   |
| High School or K-12 D   | istrict Responsit              | ole for Reimbu                               | rsing the Cont   | tract                    | County  |  | Legal Entity                                 |
|   |                                |  |                  |                          |   |  |  |
| Is this contract shar  ☐ yes ☐ no   | ed between el                  | ementary an                                  | d high scho      | ol?                      |   |  | •  |
| Are you applying for  |                                |  | □ No             |                          | Student Name  | School   | Grade  |
| (If yes, please attac ISOLATION: Section  | 20-10-142, MCA                 | A, provides for                              |                  |                          | Stadont Hamo  | 3311331  | Grado  |
| rates for special circun<br>increased rates, individ<br>trustees of the district, | dual circumstand               | ces must be re-                              | viewed and ap    | oproved by the           | Student Name  | School   | Grade  |
| Public Instruction. (10.  |                                |  |                  | o ooo o.                 | Student Name  | School   | Grade  |
| Check here only if incr<br>District Trustees and the                              |                                | sportation Com                               | mittee.          | pproved by the           | Student Name  | SCHOOL   | Grade  |
| Elem District Approval  |                                | □ no   | tials            |                          | Student Name  | School   | Grade  |
| HS District Approval<br>County Approval   |                                | □ no<br>□ no                                 |                  |                          | THIS CONTRACT IS F  | OR:  |  |
| Parent or Guardian  | Name: (Pleas                   | e Print)                                     |                  |                          | Grades 1-12  ☐ 1st Semester Only  | □ 2nd Semester Only  | y    Both Semesters                          |
| Veronica Pretty   |                                |  |                  |                          | Pre-kindergarten/Kinde  | raarten  |  |
| Physical Address (s   | treet address                  | only):                                       |                  |                          |   | ☐ 2nd Semester Only  | y    Both Semesters                          |
|   |                                |  |                  |                          | KINDERGARTEN/PRE  |  |  |
| Distance from home Elementary 17  | e to nearest so<br>HS <b>0</b> | hool (one wa                                 | ay)              |                          | by this contract:   |  | ge students also covered days per week       |
| Distance from home  |                                | ıs stop, if any                              | (one way)        |                          | To or from School Kindergarten child ric  | times per day,<br>times per day, _<br>les without other scho | days per week days per week ol-age students: |
| Elementary <b>0</b>   | HS <b>0</b>                    |  |                  |                          | To or from Bus Stop   | times per day, _   | days per week days per week                  |
| □ Contract is for o   | ne-way only                    |  |                  |                          |   | times per day, _   | days per week                                |
| Students in Each Grade Lo   | evel - Only include            | the students to b                            | e covered by th  | is contract.             | Deadlines: PARENTS: Due to Sci  | hool Clerk June 1.   |  |
|   | Pre-K<br>Total                 | K<br>Total                                   | 1-8<br>Total     | 9-12<br>Total            |   | al to County Supt by Jul                                     | y 1, retain a copy for your                  |
| Regular Trans   |                                |  |                  |                          | files.  | NDENTO Conductivity  | Lta ODI ku kulu 40 matain a                  |
| Spec. Ed. Trans   |                                |  |                  |                          | copy for your files.  | NDENIS: Send origina   | I to OPI by July 10, retain a                |
| Room & Board  |                                |  |                  |                          |   | EIMBURSEMENT RA  |  |
| Correspondence  |                                |  |                  |                          | (For dis  | strict, county and OPI                                       | use only)                                    |
| Reg.  |                                |  |                  |                          | _<br>Reiml  | bursement rate is detern                                     | <br>nined by                                 |
| Contingency Spec. Ed. Contin.   |                                |  |                  |                          |   | 20-10-142, MCA.  |  |
|   |                                |  |                  |                          |   |  |  |
| A   |                                | -4   |                  |                          | and a dead district (dis  | 4-i-4 \  |  |
| Agreement betweer   | n parent (parei                | nt name)                                     |                  |                          | , and school district (dis  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      |
| (county name)<br>The parties agree as follow                                      |                                |  |                  | •                        | ter referred to as the District(s   | •  |  |
| insured driver will t   | ransport the stude             | nts. Mileage con                             | tracts are valid | only when transportation | or bus stop on the days when school is<br>on for the distance reported on the contr | act actually occurs.   |  |
| transported for the   | past semester.                 |  |                  |                          | tion upon certification by the teacher or   |  | nber of days the student(s) was              |
|   | terminate at the er            | nd of the school y                           |                  | student(s) is no longe   | 42, MCA, and the information accompanier enrolled in school, whichever occurs fi    |  | Date   |
| Hardin Elem   |                                | ,  |                  |                          |   |  |  |
| High School District  |                                | Chair, Boa                                   | rd of Truste     | es                       |   |  | Date   |
|   |                                | <u>.                                    </u> | l attes          | t that the above i       | information is true and correct   |  |  |
| Signature - Parent or   | Guardian                       |  |                  | <del></del>              | <del></del>   | Date   | <del></del>                                  |

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

|  | ox 202501<br>na, MT 59620                                 | -2501   |  | Di                         | ue to Schoo   | ol Clerk June 1  |   |   |   |
|--|---|---|--|----------------------------|---|--|---|---|---|
| Elementary District Res  | sponsible for Re  | imbursing the                                     | Contract   |                            |   | County   | <u> </u>  | Legal Entity  | = |
| Hardin Elem  |   |   |  |                            |   | Big Horn   |   | 0023  |   |
| High School or K-12 Di   | strict Responsit  | ole for Reimbu                                    | rsing the Cont   | ract                       |   | County   |   | Legal Entity  |   |
|  |   |   |  |                            |   |  |   |   |   |
| Is this contract share  ☐ yes ☐ no   | ed between el   | ementary ar                                       | nd high schoo  | ol?                        |   |  |   |   | = |
| Are you applying for   |   |   | □ No   |                            | Stud  | ent Name   | School  | Grade   |   |
| (If yes, please attach ISOLATION: Section 2  | n explanation)<br>20-10-142, MCA                          | A, provides for                                   | increased rein   | nbursement                 | ]   | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.                | <b>3</b> 5 <b>3</b> 5.                          | 5.445   |   |
| rates for special circum<br>increased rates, individ<br>trustees of the district,<br>Public Instruction. (10.7 | estances of isola<br>lual circumstand<br>the county trans | tion of resider<br>es must be re<br>portation com | nce. In order to<br>eviewed and ap<br>imittee, and the | o receive<br>proved by the | Stud  | ent Name   | School  | Grade   |   |
| Check here only if incre<br>District Trustees and th   | eased payment   | due to isolatio                                   | n has been ap  | proved by the              | Stud  | ent Name   | School  | Grade   |   |
| Elem District Approval HS District Approval  | □ yes   | In<br>□ no  | itials   |                            | Stud  | ent Name   | School  | Grade   |   |
|  |   | □ no<br>□ no                                      |  |                            |   | CONTRACT IS FO   | DR:   |   |   |
| Parent or Guardian   | Name: (Pleas  | e Print)  |  |                            |   | les 1-12<br>st Semester Only                             | ☐ 2nd Semester Only                             | / □ Both Semesters                                    |   |
| William M. He D Physical Address (st   |   | only):  |  |                            |   | kindergarten/Kinder                                      |   | / □ Both Semesters                                    |   |
|  |   |   |  |                            |   | DERGARTEN/PRE  |   |   |   |
| Distance from home Elementary 16.5   | HS <b>0</b>   | `   |  |                            | Kind<br>by tl<br>To o   | lergarten child ride<br>nis contract:<br>r from Bus Stop | es <u>with</u> other school-a<br>times per day, | ge students also covered  days per week days per week |   |
| Distance from home Elementary 13.5   | to nearest bu<br>HS <b>0</b>                              | is stop, if an                                    | y (one way)  |                            | Kind  | lergarten child ride                                     | es without other school                         | ol-age students: days per week days per week          |   |
| □ Contract is for or   | ne-way only   |   |  |                            | 100   | r from School  | times per day, _                                | days per week   |   |
| Students in Each Grade Le  | evel - Only include                                       | the students to I                                 | be covered by this                                     | s contract.                | Dea   | ndlines:<br>ENTS: Due to Sch                             | aal Clark lung 1                                |   |   |
|  | Pre-K<br>Total  | K<br>Total  | 1-8<br>Total   | 9-12<br>Total              | CLE   | RKS: Send original                                       |   | / 1, retain a copy for your                           |   |
| Regular Trans  |   |   |  |                            | files.  |  |   |   |   |
| Spec. Ed. Trans  |   |   |  |                            | <b>COUNTY SUPERINTENDENTS:</b> Send original to OPI by July 10, retain a copy for your files. |  |   |   |   |
| Room & Board   |   |   |  |                            |   |  | IMBURSEMENT RA                                  | ··-   |   |
| Correspondence   |   |   |  |                            |   | (For dist  | rict, county and OPI                            | use only)   |   |
| Reg.   |   |   |  |                            |   | Reimhi   | ursement rate is determ                         | nined by  |   |
| Contingency Spec. Ed. Contin.  |   |   |  |                            |   |  | 20-10-142, MCA.                                 |   |   |
| -poo. 20. 00mm.  |   |   |  |                            |   |  |   |   |   |
|  |   |   |  |                            |   |  |   |   | = |
| Agreement between  | parent (parei   | nt name)  |  |                            | , and   | school district (distr                                   | rict name)                                      | ,   |   |
| (county name)<br>The parties agree as follow   | ie.   |   | (  | County, hereinat           | fter referred   | to as the District(s).                                   |   |   |   |
| <ol> <li>The parent shall tra</li> </ol>   | nsport or provide t                                       |   |  |                            |   | the days when school is in                               |   | ian assures that a licensed and                       |   |
| In March and June,<br>transported for the  | the District shall p<br>past semester.                    | ay the parent th                                  | e sum officially a                                     | pproved in the application | ation upon certif   | ication by the teacher or p                              | rincipal of the school of the nur               | mber of days the student(s) was                       |   |
| <ol> <li>This contract shall t</li> </ol>  | terminate at the er                                       | d of the school                                   | year or when the                                       | student(s) is no longe     |   | he information accompany<br>hool, whichever occurs firs  |   |   |   |
| Elementary School I<br>Hardin Elem   | District  | Chair, Boa  | ard of Truste  | es                         |   |  |   | Date  |   |
| High School District   |   | Chair, Boa  | ard of Trustee   | es                         |   |  |   | Date  |   |
|  |   |   | I attest   | that the above             | information   | is true and correct.                                     |   |   | _ |
| Signature - Parent or  | Guardian  |   |  |                            |   |  | Date  |   | = |
|  |   |   |  |                            |   |  |   |   |   |

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

|  | lox 202501<br>na, MT 59620         | )-2501                           |                 |                          |                    | ol Clerk June 1                        |   |  |
|--|------------------------------------|----------------------------------|-----------------|--------------------------|--------------------|--|---|--|
| Elementary District Re   | sponsible for Re                   | eimbursing the C                 | Contract        |                          |                    | County                                 | <u> </u>  | Legal Entity                                 |
| Hardin Elem  |                                    |                                  |                 |                          |                    | Big Horn                               |   | 0023   |
| High School or K-12 D  | istrict Responsi                   | ble for Reimburs                 | sing the Cont   | tract                    |                    | County                                 |   | Legal Entity                                 |
| Hardin H S   |                                    |                                  |                 |                          |                    | Big Horn                               |   | 1189   |
| Is this contract share   | ed between e                       | lementary and                    | l high scho     | ol?                      |                    |  |   |  |
| Are you applying for   | risolation stat                    | us? □ Yes                        | □ No            |                          |                    |  |   |  |
| (If yes, please attac  | h explanation                      | )                                |                 | mhursomont               | Stud               | dent Name                              | School  | Grade  |
| rates for special circum increased rates, individual trustees of the district, | nstances of isolation              | ation of residences must be revi | e. In order t   | o receive oproved by the | Stud               | dent Name                              | School  | Grade  |
| Public Instruction. (10.)  | 7.116 ARM prov                     | vides guidelines                 | for such.)      |                          | Stud               | dent Name                              | School  | Grade  |
| Check here only if incre<br>District Trustees and the                          |                                    | sportation Comn                  | nittee.         | proved by the            |                    |  |   |  |
| Elem District Approval   |                                    | Initi<br>□ no                    |                 |                          | Stud               | dent Name                              | School  | Grade  |
| HS District Approval<br>County Approval  | ,                                  | □ no                             |                 |                          |                    | S CONTRACT IS FO                       | DR:   |  |
| Parent or Guardian   | Name: (Pleas                       | e Print)                         |                 |                          |                    | des 1-12<br>st Semester Only           | □ 2nd Semester Only                               | / □ Both Semesters                           |
| Delora Hammor  |                                    |                                  |                 |                          | Pre                | -kindergarten/Kinder                   | garten  |  |
| Physical Address (s  | treet address                      | only):                           |                 |                          |                    |  | ☐ 2nd Semester Only                               | □ Both Semesters                             |
| Distance from home   | e to nearest so                    | chool (one way                   | y)              |                          | Kin<br>by t        | his contract:                          | es <u>with</u> other school-a                     | ge students also covered                     |
| Elementary <b>0</b> Distance from home   |                                    | us stop, if any                  | (one way)       |                          | To o<br><b>Kin</b> | or from School<br>dergarten child ride | times per day, _<br>es <u>without</u> other schoo | days per week days per week pl-age students: |
| Elementary <b>0</b>  | HS <b>10</b>                       |                                  |                 |                          | To o               | or from Bus Stop<br>or from School     | times per day,<br>times per day,                  | days per week                                |
| ☐ Contract is for o  |                                    | the students to be               | anyoned by the  | in nontroot              |                    | adlines:                               |   | , ,  |
| Students in Each Grade Le  |                                    |                                  |                 |                          | PAF                | RENTS: Due to Sch                      | ool Clerk June 1.                                 |  |
|  | Pre-K<br>Total                     | K<br>Total                       | 1-8<br>Total    | 9-12<br>Total            | <b>CLE</b> files   | -                                      | I to County Supt by July                          | / 1, retain a copy for your                  |
| Regular Trans  |                                    |                                  |                 |                          | CO                 | UNTY SUPERINTEN                        | IDENTS: Send original                             | I to OPI by July 10, retain a                |
| Spec. Ed. Trans  |                                    |                                  |                 |                          |                    | y for your files.                      |   |  |
| Room & Board   |                                    |                                  |                 |                          |                    |  | EIMBURSEMENT RA                                   |  |
| Correspondence   |                                    |                                  |                 |                          |                    | (For dist                              | rict, county and OPI                              | use only)                                    |
| Reg.   |                                    |                                  |                 |                          |                    | <br>Reimb                              | ursement rate is determ                           | <br>nined by                                 |
| Contingency Spec. Ed. Contin.  |                                    |                                  |                 |                          |                    |  | 20-10-142, MCA.                                   |  |
|  |                                    |                                  |                 |                          |                    |  |   |  |
| Agraement between  | naront (naro                       | nt nama)                         |                 |                          | on                 | d school district (dist                | riot namo)  |  |
| Agreement betweer  | грагент (раге                      | nt name)                         |                 |                          |                    |  |   |  |
| (county name) The parties agree as follow                                      |                                    | transportation for t             |                 | •                        |                    | I to as the District(s).               | session. The parent or guardi                     | an accuracy that a licensed and              |
| insured driver will t  | ransport the stude                 | nts. Mileage contr               | acts are valid  | only when transportation | on for the dista   | nce reported on the contra             | ct actually occurs.                               | nber of days the student(s) was              |
| transported for the 3. The payment shall                                       | past semester.<br>be computed on t | he basis of the sch              | edule establish | ned in Section 20-10-1   | I42, MCA, and      | the information accompany              | ying this contract.                               | ,  |
| 4. This contract shall<br>Elementary School                                    |                                    | chair, Boar                      |                 |                          | er enrolled in s   | chool, whichever occurs firs           | st.   | Date   |
| Hardin Elem High School District   |                                    | Chair, Boar                      | d of Truste     | es                       |                    |  |   | Date   |
| Hardin H S   |                                    | 5, 2501                          |                 |                          |                    |  |   | - 300  |
|  |                                    |                                  | I attes         | t that the above         | information        | is true and correct.                   |   |  |
| Signature - Parent or  | Guardian                           |                                  |                 |                          |                    |  | Date  |  |

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

|   | ox 202501<br>ia, MT 59620           | -2501                           |                              | Du                       | e to School           | Clerk June 1   |   |  |
|---|-------------------------------------|---------------------------------|------------------------------|--------------------------|-----------------------|--|---|--|
| Elementary District Res   | sponsible for Re                    | imbursing the                   | Contract                     |                          |                       | County   |   | Legal Entity                           |
| Hardin Elem   |                                     |                                 |                              |                          |                       | Big Horn   |   | 0023                                   |
| High School or K-12 Dis   | strict Responsib                    | le for Reimbu                   | rsing the Cont               | ract                     |                       | County   |   | Legal Entity                           |
| Hardin H S  |                                     |                                 |                              |                          |                       | Big Horn   |   | 1189                                   |
| Is this contract share  ☐ yes ☐ no  | ed between el                       | ementary an                     | d high schoo                 | ol?                      |                       |  |   |  |
| Are you applying for  |                                     |                                 | □ No                         |                          | Stude                 | nt Name  | School  | Grade                                  |
| (If yes, please attach ISOLATION: Section 2   | 20-10-142, MCA                      | , provides for                  |                              |                          |                       |  |   |  |
| rates for special circum<br>increased rates, individ-<br>trustees of the district, t<br>Public Instruction. (10.7 | ual circumstand<br>the county trans | es must be re-<br>portation com | viewed and apmittee, and the | proved by the            | Stude                 | nt Name  | School  | Grade                                  |
| Check here only if incre<br>District Trustees and th  | eased payment                       | due to isolation                | n has been ap                | proved by the            | Stude                 | nt Name  | School  | Grade                                  |
| Elem District Approval  |                                     |                                 | tials                        |                          | Stude                 | nt Name  | School  | Grade                                  |
| HS District Approval County Approval  | □ yes □                             | no                              |                              |                          | THIS                  | CONTRACT IS FO   | R:  |  |
| Parent or Guardian I  |                                     |                                 |                              |                          | Grade                 | s 1-12   | <ul><li>2nd Semester Only</li></ul>               | □ Both Semesters                       |
| Peggy Oliver  |                                     |                                 |                              |                          |                       | ·  | •   | - Both Gemesters                       |
| Physical Address (st  | reet address                        | only):                          |                              |                          |                       | ndergarten/Kinderg<br>Semester Only                      | ☐ 2nd Semester Only                               | ☐ Both Semesters                       |
|   |                                     |                                 |                              |                          |                       | ERGARTEN/PREK  |   |  |
| Distance from home Elementary <b>0</b>  | to nearest sc<br>HS 8               | hool (one wa                    | ay)                          |                          | by thi                | s contract:  |   | ge students also covered days per week |
| Distance from home Elementary <b>0</b>  | to nearest bu                       | s stop, if any                  | (one way)                    |                          | To or<br><b>Kinde</b> | from School<br>rgarten child ride                        | times per day,<br>s without other schoo           | days per week                          |
| □ Contract is for or  | ne-way only                         |                                 |                              |                          | To or                 | from School  | times per day,                                    | days per week                          |
| Students in Each Grade Le   | vel - Only include                  | the students to b               | e covered by thi             | s contract.              |                       | dlines:<br>NTS: Due to Scho                              | al Clark Iura 4                                   |  |
|   | Pre-K                               | K                               | 1-8                          | 9-12                     |                       |  |   |  |
|   | Total                               | Total                           | Total                        | Total                    | files.                | KS: Send original  | to County Supt by July                            | 1, retain a copy for your              |
| Regular Trans   |                                     |                                 |                              |                          | COUN                  | ITY SUPERINTEN   | DENTS: Send original                              | to OPI by July 10, retain a            |
| Spec. Ed. Trans   |                                     |                                 |                              |                          |                       | or your files.   |   |  |
| Room & Board  |                                     |                                 |                              |                          |                       |  | IMBURSEMENT RA                                    |  |
| Correspondence  |                                     |                                 |                              |                          |                       | (For disti   | rict, county and OPI (                            | use only)                              |
| Reg.  |                                     |                                 |                              |                          |                       | Reimbi   | rsement rate is determ                            | <br>ined by                            |
| Contingency Spec. Ed. Contin.   |                                     |                                 |                              |                          |                       | 1 (0.111.50  | 20-10-142, MCA.                                   | mod by                                 |
| Speci _u.   |                                     |                                 |                              |                          |                       |  |   |  |
|   |                                     |                                 |                              |                          |                       |  |   |  |
| Agreement between   | parent (parer                       | it name)                        |                              |                          |                       |  | ict name)   | ,,,,                                   |
| (county name)<br>The parties agree as follow  |                                     |                                 |                              | • •                      |                       | as the District(s).                                      |   |  |
| insured driver will tr  | ansport the studer                  | its. Mileage con                | tracts are valid o           | only when transportation | on for the distanc    | e reported on the contract                               | session. The parent or guardia t actually occurs. |  |
| transported for the p   | oast semester.                      |                                 |                              |                          |                       | ation by the teacher or properties information accompany |   | ber of days the student(s) was         |
|   | erminate at the en                  | d of the school y               |                              | student(s) is no longe   |                       | ol, whichever occurs first                               |   | Date                                   |
| Hardin Elem   | 21301100                            | ,                               |                              |                          |                       |  |   |  |
| High School District<br>Hardin H S  |                                     | Chair, Boa                      | rd of Truste                 | es                       |                       |  |   | Date                                   |
|   |                                     |                                 | I attes                      | t that the above i       | information is        | true and correct.  |   |  |
| Signature - Parent or   | Guardian                            |                                 |                              |                          |                       |  | Date  |  |

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

| Helena, MT 59620   | )-2501  | Due  | e to School Clerk June 1   |   |   |
|--|---|--|--|---|---|
| Elementary District Responsible for Re   | eimbursing the Contract   |  | County   |   | Legal Entity  |
| Hardin Elem  |   |  | Big Horn   |   | 0023  |
| High School or K-12 District Responsit   | ole for Reimbursing the Conf  | tract  | County   |   | Legal Entity  |
| Hardin H S   |   |  | Big Horn   |   | 1189  |
| Is this contract shared between el ☐ yes ☐ no  | ementary and high scho  | ol?  |  |   |   |
| Are you applying for isolation state (If yes, please attach explanation)   |   |  | Student Name   | School  | Grade   |
| ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov  | ation of residence. In order to<br>be must be reviewed and a<br>sportation committee, and the   | o receive oproved by the   | Student Name   | School  | Grade   |
| Check here only if increased payment<br>District Trustees and the County Trans   |   | pproved by the   | Student Name   | School  | Grade   |
| Elem District Approval   | Initials  no no no  |  | Student Name THIS CONTRACT IS FOR  | School  | Grade   |
| County Approval  yes  Parent or Guardian Name: (Pleas  | □ no<br>e Print)  |  | Grades 1-12  | _   | - D # 0   |
| Thomas Pretty On Top Sr  | ,   |  | ☐ 1st Semester Only  | □ 2nd Semester Only   | □ Both Semesters  |
| Physical Address (street address   | only):  |  | Pre-kindergarten/Kinderga  |   | □ Both Semesters  |
| Distance from home to nearest so Elementary 0 HS 27  Distance from home to nearest but Elementary 0 HS 14  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin. | us stop, if any (one way)   | is contract.  9-12 Total   | by this contract: To or from Bus Stop To or from School Kindergarten child rides To or from Bus Stop To or from School  Deadlines: PARENTS: Due to School  CLERKS: Send original tiles.  COUNTY SUPERINTENE copy for your files.  REI (For distri                  | times per day, times per day, times per day, s without other school times per day, to Clerk June 1. | days per week |
| insured driver will transport the stude<br>2. In March and June, the District shall p<br>transported for the past semester.<br>3. The payment shall be computed on the   | transportation for the student(s) to the student (s) to the student (s) the standard the sum officially and the parent the sum officially and the basis of the schedule establist | County, hereinaft of and from the school of confly when transportation approved in the application and in Section 20-10-14 student(s) is no longer tes | er referred to as the District(s).  or bus stop on the days when school is in s in for the distance reported on the contract tion upon certification by the teacher or prin 42, MCA, and the information accompanyin r enrolled in school, whichever occurs first. | session. The parent or guardia actually occurs. action of the school of the num   | an assures that a licensed and  |
| Hardin H S   | Latton  | t that the above is  | nformation is true and correct.  |   |   |
| Signature - Parent or Guardian   | rattes  | t tilat tile above li  |  | Date  |   |
| <del>-</del>   |   |  |  |   |   |